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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/042,057	01/07/2002	Manfred Baldauf	GR 99 P 8088	4485	
	7590 08/07/200 E NBERG STEMER LI		EXAMINER		
P O BOX 2480			WILLS, MONIQUE M		
HOLLYWOOL	O, FL 33022-2480		ART UNIT	PAPER NUMBER	
			1795		
			MAIL DATE	DELIVERY MODE	
			08/07/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intorvious Summary	10/042,057	BALDAUF ET AI	
Interview Summary	Examiner	Art Unit	
	Monique M. Wills	1795	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Monique M. Wills</u> .	(3)		
(2) <u>The Office of Laurence Greenberg</u> .	(4)		
Date of Interview: 01 August 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N?A</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The applicant confirmed</u>			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP YDAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)